

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   |          |        |          |
| O.I.P.E. CLASSIFIER |          | 25     | 08-25-93 |
| FORMALITY REVIEW    |          |        |          |

INDEX OF CLAIMS

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 Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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